



ORGANIZATIONAL SURVEY

Please respond to all items on this survey, and attach the relevant financial statements as requested on the last page of the form.

A completed and signed copy of this survey, plus the attachment(s), should be returned to the NEH Office of Grant Management either by scanning and e-mailing it to grantmanagement@neh.gov or by faxing it to (202) 606-8633.

Name of Applicant Organization

Provide the legal (registered) name of the applicant organization and the permanent street address and telephone number.

Name:

Address:

Telephone No.:

List any commonly used name(s) of the applicant organization, and any Trade or Doing Business As (DBA) name

Type of Organization

- ☐ Incorporated, Nonprofit with IRS tax status 501(c) (3)
- ☐ Incorporated, Commercial/For-Profit
- ☐ Unincorporated, Nonprofit
- ☐ Unit of State Government
- ☐ Unit of Local Government
- ☐ Federally Recognized Indian Tribal Government
- ☐ College or University
- ☐ Other. Provide Description:

Date organization established:

Date incorporated:

Date received IRS tax status 501(c)(3):

Is the applicant organization affiliated with any other organization, either for-profit or nonprofit?

☐ Yes ☐ No

If yes, list and describe the relationship with any affiliate organization, e.g., parent organization, subsidiaries, or other affiliates. Please address whether there are overlapping board members and whether tax returns are consolidated or separate. Please state whether the affiliate is a nonprofit, commercial, or unincorporated business.

Does your organization share staff, premises, or equipment with other organizations or affiliates?

☐ Yes ☐ No

If yes, provide a description of this shared arrangement.

Purpose of Organization

Provide a description of the purpose of your organization. Include information on the number of permanent, full-time employees, part-time employees and independent contractors.

Governing Board

Provide the name, title, and address for each of the persons comprising the governing board of your organization.

Other Current Activities

Will this project be the only current activity of this organization?

☐ Yes ☐ No

If not, please provide a brief description of the other activities, projects or grants. Please list federal grants received within the past two years.

Financial Statements

1. Has your organization had an A-133 organization-wide audit in the last two years? If so, please submit a copy of the A-133 reporting package for each of the two years.
2. If not, has your organization received a financial statement audit in the last two years in which an independent audit firm opined on the statements? If so, please submit a copy of the audited financial statements and independent auditor's reports for each of the two years, along with the contact information of the engagement partner at the audit firm.

Additionally, for items 1 and 2 above, please provide a copy of the SAS-112/115 management letters issued by the audit firm in conjunction with the annual audits.

3. If neither item 1 nor 2 applies, please explain why a formal audit was not performed. Additionally, please submit your organization's latest tax return, (i.e., IRS Form 990 and 990-T) along with a set of the organization's internal financial statements.

Application / Grant Number:

Prepared by (Printed Name and Title):

(Signature and Date)

NEH estimates the average time to complete this form is thirty minutes per response. This estimate includes the time for reviewing the instructions for this form, gathering the necessary data and entering the data on the form. Please send any comments regarding this estimated completion time or any other aspect of the form, including suggestions for reducing completion time, to the Director, Office of Publications, National Endowment for the Humanities, Washington, D.C. 20506; and to the Office of Management and Budget, Paperwork Reduction Project (3136-0134), Washington, D.C. 20503. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.